

## CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

<p><b>I. (a) PLAINTIFFS</b>            (1) ROQUE "ROCKY" DE LA FUENTA, (2) JILL STEIN, (3) JONI ALANE LEVINESS, (4) MAIGAN UNDERWOOD, and (5) RACHEL C. JACKSON,</p> <p>(b) County of Residence of First Listed Plaintiff _____  <i>(EXCEPT IN U.S. PLAINTIFF CASES)</i></p> <p>(c) Attorneys (Firm Name, Address, and Telephone Number)            James C. Linger, OBA#5441 - 1710 South Boston Ave., Tulsa, OK 74119-4810; (918) 585-2797</p>	<p><b>DEFENDANTS</b>            (1) PAUL ZIRIAK, Secretary of the Oklahoma State Election Board; and (2) the Oklahoma State Election Board,</p> <p>County of Residence of First Listed Defendant _____  <i>(IN U.S. PLAINTIFF CASES ONLY)</i></p> <p>NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.</p> <p>Attorneys (If Known)            Oklahoma Attorney General - 313 Northeast 21st Street, Oklahoma City, OK 73105; (405) 521-3921</p>
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<p><b>II. BASIS OF JURISDICTION</b> (Place an "X" in One Box Only)</p> <p><input type="checkbox"/> 1 U.S. Government Plaintiff <input checked="" type="checkbox"/> 3 Federal Question (U.S. Government Not a Party)</p> <p><input type="checkbox"/> 2 U.S. Government Defendant <input type="checkbox"/> 4 Diversity (Indicate Citizenship of Parties in Item III)</p>	<p><b>III. CITIZENSHIP OF PRINCIPAL PARTIES</b> (Place an "X" in One Box for Plaintiff and One Box for Defendant)  <i>(For Diversity Cases Only)</i></p> <table border="1"> <tr> <td data-bbox="791 601 938 665">Citizen of This State</td> <td data-bbox="954 601 987 665">PTF</td> <td data-bbox="1003 601 1036 665">DEF</td> <td data-bbox="1411 601 1444 665">PTF</td> <td data-bbox="1460 601 1493 665">DEF</td> </tr> <tr> <td data-bbox="791 665 938 686">Citizen of Another State</td> <td data-bbox="954 665 987 686"><input type="checkbox"/> 2</td> <td data-bbox="1003 665 1036 686"><input type="checkbox"/> 2</td> <td data-bbox="1411 665 1444 686"><input type="checkbox"/> 5</td> <td data-bbox="1460 665 1493 686"><input type="checkbox"/> 5</td> </tr> <tr> <td data-bbox="791 686 938 796">Citizen or Subject of a Foreign Country</td> <td data-bbox="954 686 987 707"><input type="checkbox"/> 3</td> <td data-bbox="1003 686 1036 707"><input type="checkbox"/> 3</td> <td data-bbox="1411 686 1444 707"><input type="checkbox"/> 6</td> <td data-bbox="1460 686 1493 707"><input type="checkbox"/> 6</td> </tr> <tr> <td data-bbox="938 686 1578 707">Incorporated or Principal Place of Business In This State</td> <td data-bbox="1411 686 1444 707"><input type="checkbox"/> 4</td> <td data-bbox="1460 686 1493 707"><input type="checkbox"/> 4</td> <td data-bbox="938 707 1578 728">Incorporated and Principal Place of Business In Another State</td> <td data-bbox="1411 707 1444 728"><input type="checkbox"/> 5</td> <td data-bbox="1460 707 1493 728"><input type="checkbox"/> 5</td> </tr> <tr> <td data-bbox="938 728 1578 749">Foreign Nation</td> <td data-bbox="1411 728 1444 749"><input type="checkbox"/> 6</td> <td data-bbox="1460 728 1493 749"><input type="checkbox"/> 6</td> <td data-bbox="938 749 1578 770"></td> <td data-bbox="1411 749 1444 770"></td> <td data-bbox="1460 749 1493 770"></td> </tr> </table>	Citizen of This State	PTF	DEF	PTF	DEF	Citizen of Another State	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 5	<input type="checkbox"/> 5	Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 6	<input type="checkbox"/> 6	Incorporated or Principal Place of Business In This State	<input type="checkbox"/> 4	<input type="checkbox"/> 4	Incorporated and Principal Place of Business In Another State	<input type="checkbox"/> 5	<input type="checkbox"/> 5	Foreign Nation	<input type="checkbox"/> 6	<input type="checkbox"/> 6			
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Foreign Nation	<input type="checkbox"/> 6	<input type="checkbox"/> 6																										

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	<b>PERSONAL INJURY</b> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	<b>PERSONAL INJURY</b> <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/ Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 <b>PROPERTY RIGHTS</b> <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark
<b>REAL PROPERTY</b>	<b>CIVIL RIGHTS</b> <input type="checkbox"/> 440 Other Civil Rights <input checked="" type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/ Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	<b>PRISONER PETITIONS</b> <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/ Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	<b>IMMIGRATION</b> <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions	<b>LABOR</b> <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability
				<b>FEDERAL TAX SUITS</b> <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609

<b>V. ORIGIN</b> (Place an "X" in One Box Only) <input checked="" type="checkbox"/> 1 Original Proceeding <input type="checkbox"/> 2 Removed from State Court <input type="checkbox"/> 3 Remanded from Appellate Court <input type="checkbox"/> 4 Reinstated or Reopened <input type="checkbox"/> 5 Transferred from Another District (specify) _____ <input type="checkbox"/> 6 Multidistrict Litigation
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<b>VI. CAUSE OF ACTION</b>	Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity): under 42 USC sec. 1983 challenging the constitutionality under the 1st & 14th amendments to the US Constitution of Okla. Stat. tit. 26, Sec. 5-112,10-101.1, and 10-101.2
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<b>VII. REQUESTED IN COMPLAINT:</b>	<input type="checkbox"/> CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.	<b>DEMAND \$</b>	CHECK YES only if demanded in complaint: <b>JURY DEMAND:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>VIII. RELATED CASE(S) IF ANY</b>	<i>(See instructions):</i> JUDGE Stephen P. Friot	DOCKET NUMBER CIV-16-0583-F
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DATE 08/09/2016	SIGNATURE OF ATTORNEY OF RECORD s/ James C. Linger
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FOR OFFICE USE ONLY

RECEIPT # \_\_\_\_\_ AMOUNT \_\_\_\_\_ APPLYING IFFP \_\_\_\_\_ JUDGE \_\_\_\_\_ MAG. JUDGE \_\_\_\_\_